

S/N: TBA

2/20/2004

Docket No.: OGA-211-USAP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.: TO BE ASSIGNED

Confirmation No.: TO BE ASSIGNED

Applicant: Kunio ANDO

Art Unit: TO BE ASSIGNED

Filed: February 20, 2004

Examiner: TO BE ASSIGNED

Docket No: OGA-211-USAP

Customer No: 28892

For: Imaging Device Assembly for Electronic Stereoscopic Endoscope System

UTILITY PATENT APPLICATION TRANSMITTAL

IN ACCORDANCE WITH 37 CFR §1.53 (b)

US Patent & Trademark Office
2011 South Clark Place
Customer Window, Mail Stop: PATENT APPLICATION
Crystal Plaza Two, Lobby, Room 1B03
Arlington, VA 22202

Sir:

This application is a:

X New Application.

___ Continuation

___ Divisional of U.S.P.T.O. Serial Number _____, filed

___ Continuation in Part of U.S.P.T.O. Serial Number _____, filed _____.

The undersigned has been authorized by the Applicant(s),

Kunio ANDO

FOR: Imaging Device Assembly for Electronic Stereoscopic Endoscope System

to file the attached specification and required drawings. Please assign a serial number and accord a filing date to this prospective application.

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Enclosed are:

19 pages of Specification,

2 pages of Claims,

1 page of an Abstract, and

3 sheets of Drawings. Total pages in the disclosure are 25.

X Return Receipt Postcard (MPEP 503).

X Application Data Sheet

X Newly executed, original Oath or Declaration with Power of Attorney

 Signed Statement deleting inventor(s) named in prior application.

 Applicant claims Small Entity status under 37 CFR §1.27.

X Assignment of the Invention and \$80.00.

 A certified copy of Priority Document.

 A Preliminary Amendment.

 Letter to the Official Draftsperson and amended drawing(s).

X An Information Disclosure Statement (IDS)/PTO Form 1449.

X The basic filing fee of \$770.00.

X The fees for the claims to be calculated as follows:

Claims Presented		Less Entitlement		Additional Fees			
				Small Entity		Large Entity	
Total	3	Minus	20	x \$9=	0.00	x \$18=	0.00
Indep.	1	Minus	3	x \$43=	0.00	x \$86=	0.00
New Multiple Dependent Claims		-0-		x\$145=	0.00	x\$290=	0.00
And Claims Dependent Thereon		-0-		x\$145=	0.00	x\$290=	0.00
TOTAL ADDITIONAL FEE				0.00		0.00	

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X A check in the total amount of \$850.00 is enclosed to cover filing fee, Recordation of Assignment fee, and excess claims fee.

X The Commissioner is hereby authorized to charge to my Deposit Account No. 19-2816 any fees required under any of 37 CFR §§1.16 to 1.17 at any time during the pendency of this application.



Ronald R. Snider
Attorney of Record
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Date: February 20, 2004

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